Florida Department of State
Division of Corporations
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To:
        Division of Corporations
        Fax Number      : (850)617-6383

From:
        Account Name    : HINES NORMAN HINES P.L.
        Account Number  : I20000000107
        Phone           : (813)251-8659
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```

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: maryann.stein @ gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PICKMORE PROPERTIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$25.00

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STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: **Pickmore Properties, LLC**

SECOND: The Florida Document Number of the limited liability company is: **L14000177964**

THIRD: The street address of the limited liability company's principal office is:

18224 Clear Lake Drive

Lutz, FL 33548

The mailing address of the limited liability company's principal office is:

18224 Clear Lake Drive

Lutz, FL 33548

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SECRETARY OF STATE

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

   1. May execute an instrument transferring real property held in the name of the company.
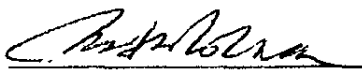
      a. Granted to: **Maryann B. Stein**

      b. No authority granted to: _____

   2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

      a. Granted to: **Maryann B. Stein**

      b. No authority granted to: _____

Signature of authorized representative

11-24-2014

Christopher H. Norman

Typed or printed name of signature

Filing Fee: $25.00
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CR2E138 (2/14)